

Application Data Sheet**Application Information**

Application Type::	Regular – National Stage of PCT/US03/05874
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	Intranasal Administration of MC4-R Agonists
Attorney Docket Number::	072121-0397
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	3
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Linda Li
Family Name::	XIAO
City of Residence::	Alameda
State or Province of Residence::	CA

Country of Residence:: US
Street of mailing address::
City of mailing address:: Alameda
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94501

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Baoji
Family Name:: XU
City of Residence:: Lafayette
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address::
City of mailing address:: Lafayette
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94549

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jian
Family Name:: LUO
City of Residence:: Brisbane
State or Province of Residence:: CA

Country of Residence:: US
Street of mailing address::
City of mailing address:: Brisbane
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94005

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kirk
Family Name:: JOHNSON
City of Residence:: Moraga
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address::
City of mailing address:: Moraga
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94556

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: William H.
Family Name:: FREY
Name Suffix:: II

City of Residence:: White Bear Lake
State or Province of MN
Residence::
Country of Residence:: US
Street of mailing address::
City of mailing address:: White Bear Lake
State or Province of mailing MN
address::
Postal or Zip Code of mailing 55127
address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Effie
Family Name:: TOZZO
City of Residence:: Newton
State or Province of MA
Residence::
Country of Residence:: US
Street of mailing address::
City of mailing address:: Newton
State or Province of mailing MA
address::
Postal or Zip Code of mailing 02465
address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Family Name:: DUHL

City of Residence:: Oakland

State or Province of CA

Residence::

Country of Residence:: US

Street of mailing address::

City of mailing address:: Oakland

State or Province of mailing CA

address::

Postal or Zip Code of mailing 94611

address::

Correspondence Information

Correspondence Customer Number:: 27476

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Representative Information

Representative Customer	23524	
Number::		

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US03/05874	2/25/2003
PCT/US03/05874	An application claiming the benefit under 35 USC 119(e)	60/358,700	2/25/2002
PCT/US03/05874	An application claiming the benefit under 35 USC 119(e)	60/372/921	04/16/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information**Assignee Name::**

Chiron Corporation